

COUNTY OF SAN BERNARDINO
DEPARTMENT OF BEHAVIORAL HEALTH

PHYSICAL ASSESSMENT

Dear Patient:

Please be aware that in all cases in which medication is prescribed, especially psychotropic medications, it is essential that you be in good physical condition and/or that there are no contraindications for your taking the medication as prescribed.

If psychotropic medication is prescribed, and you have not had a physical examination and appropriate laboratory work within the last year, please schedule one as soon as possible. I will be glad to consult with your physician so that he/she may be made aware of what medication(s) are being considered or prescribed.

Physician's Signature

Date: _____

Patient's Signature

Date: _____

PHYSICAL ASSESSMENT

County of San Bernardino
Human Services System
DEPARTMENT OF BEHAVIORAL HEALTH
CONFIDENTIAL PATIENT INFORMATION
SEE W&I CODE 5328

PATIENT NAME:

CHART NO.:

DOB: